

NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
DIVISION OF WASTE MANAGEMENT  
SOLID WASTE BRANCH  
14 REILLY ROAD  
FRANKFORT, KY 40601-1190  
TELEPHONE NUMBER (502) 564-6716

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APPLICATION TO TRANSFER OWNERSHIP  
OF A SOLID WASTE PERMIT

DEP 7104 (11/96)

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GENERAL INSTRUCTIONS

1. **APPLICABILITY:** This transfer application form must be completed and submitted to the Cabinet by persons who are assuming ownership of an existing permitted solid waste site or facility.
2. **ASSISTANCE:** Questions regarding this application form may be directed in writing to the Division of Waste Management, Solid Waste Branch, at the address listed above or by calling (502) 564-6716.
3. **SUBMISSION:** Please type or print legibly. Submit the original and one (1) copy of the completed application form to the Division of Waste Management at the address noted above. If an item is not applicable to your facility, write "N/A" in the space provided. The Cabinet shall not begin the processing of the application until the applicant has fully complied with the application requirements.
4. **FILING FEES:** Applicants must submit a \$500.00 filing fee at the time of application submittal in accordance with 401 KAR 47:090, Section 2(6)(d).
5. **LAWS AND REGULATIONS:** Applicants are expected to understand and comply with all laws and regulations applicable to solid waste management, treatment and disposal. Reference 401 KAR Chapter 47 and 48.

APPLICATION TO TRANSFER  
SOLID WASTE PERMIT

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# APPLICATION TO TRANSFER SOLID WASTE PERMIT

## **A. Ownership Information**

Application No. \_\_\_\_\_ (To be assigned by Cabinet)

Fee submitted \$ \_\_\_\_\_ County \_\_\_\_\_ Date \_\_\_\_\_

Method of Payment \_\_\_\_\_ Check \_\_\_\_\_ Certified Check \_\_\_\_\_ Money Order

1. Applicant \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone No. (\_\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_

Contact Person \_\_\_\_\_

2. Mailing Address (if different from above)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone No. (\_\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_

Contact Person \_\_\_\_\_

3. Correction to applications are to be made by:

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone No. (\_\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_

4. Applicant Legal Status: \_\_\_\_\_ Government \_\_\_\_\_ Private

5. Do you now hold, or have you held, any other permit or approval to dispose of waste from the Division including a landfarming permit, registered permit-by-rule, sludge giveaway, or permit modification to landfill? If so, state type, permit number if applicable, and date permit or approval was granted.

Type	Permit Number if Applicable	Date of Approval	Landfill Name if Applicable	Landfill Permit Number if Applicable


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**B. Ownership Information**

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1. Indicate, by checking the appropriate blank, the legal organizational structure of the applicant:  
☐ Proprietorship  
☐ Partnership      ☐ General      ☐ Limited  
☐ Corporation  
☐ Joint Venture  
☐ Government Agency  
☐ Other. Describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. If the owner is a corporation, is it registered with the Kentucky Secretary of State?  
☐ Yes      ☐ No
3. For the applicant and each person meeting the definition of key personnel, provide a Past Performance Information form as required by KRS 224, 40-330. The Cabinet has developed form DEP 7087 for submittal of this information. Complete this form and include it as part of this application as Attachment 1.

NOTE:      DEP Form No. 7087 may be obtained by contacting the Division of Waste Management at the address specified on the “instructions” page of this application.

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**C. Existing Permit Information**

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1. Provide a copy of the current permit for which a transfer is being considered. *Label as Attachment 2.*
2. Provide an affidavit signed by the current permittee stating that ownership of the solid waste site or facility is being transferred to another person. The affidavit shall contain the name, address and telephone number of the person or entity that is to become the new owner of the site and facility. *Label as Attachment 3.*
3. Provide a copy of the deed or lease of the site or facility. *Label as Attachment 4.*

**D. Financial Responsibility**

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Provide, as *Attachment 5*, copies of the financial assurance mechanisms executed by the applicant to satisfy the requirements of 401 KAR 48:310.

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**E. Operational Responsibility**

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Provide, as *Attachment 6*, an affidavit signed by the applicant that acknowledges the contents of the permit for which a transfer is being considered. This affidavit must also state that the applicant agrees to comply with all laws and regulations applicable to the ownership, operation and management of the solid waste site or facility, and that the applicant agrees to comply with the provisions of the existing permit that is being transferred.

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**F. Public Notice**

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A public notice may be required for an application to transfer a solid waste site or facility permit in accordance with 401 KAR 47:130, Section 3. A draft notice is found in Attachment 7. Complete the public notice form. However, only those applicants notified by correspondence from the Cabinet may publish the notice.

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**F. Certification**

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*“I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for such violations”*

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Original Signature of Responsible Official

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Date

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Typed Name of Responsible Official

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Title

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Name of Applicant, i.e., Corporation or Unit of Government

Subscribed and sworn to before me by: \_\_\_\_\_

this the \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_

Notary Public Signature \_\_\_\_\_

My Commission Expires \_\_\_\_\_

**PUBLIC NOTICE**

Pursuant to Application No. \_\_\_\_\_

The Natural Resources and Environmental Protection Cabinet, Division of Waste Management, has received an application to transfer a solid waste site or facility permit from, and has prepared a permit for:

Name of Applicant \_\_\_\_\_

Name of Facility \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

This application, if approved, would allow the transfer of the permit to accept the following types of waste and the following activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The proposed facility may be accessed from \_\_\_\_\_  
by traveling \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional information regarding this application may be obtained from:

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone No. (\_\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_

All data submitted by the applicant and other documents concerning this application are available for public inspection during normal business hours at the following location:

Office \_\_\_\_\_



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Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

The permit application is being processed at the following location:

Division of Waste Management  
Solid Waste Branch  
14 Reilly Road  
Frankfort, Kentucky 40601-1190

Any person who wishes to comment on the transfer of this solid waste site or facility may file comments with the Cabinet within thirty (30) days of the publication of this notice pursuant to 401 KAR 47:140.

Please refer to Application No. \_\_\_\_\_ on all correspondence.

The Cabinet does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment or the provision of services and provides, upon request, reasonable accommodations including auxiliary aids and services all programs and activities. To request alternate formats for printed information contact Debra Morgan at (502) 564-6716 or (502) 564-2225, extension 695. Publication of this notice is pursuant to KRS 224, 40-310.